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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\****No***\*\* FOREIGN APPLICATIONS \*\*\*\*\****No*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	5	20	2
Verified and Acknowledged	<i>[Signature]</i>	Examiner's Signature	Initials		

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24628  
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**TITLE**

Cap with attached utensil

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